

Application or Certification fees shall not be refunded.

## **Licensing Division**

P.O. Box 989002 (916) 445-7724 West Sacramento, CA 95798-9002



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES Affairs** APPLICATION FOR TRAINING FACILITY CERTIFICATION

This information is required pursuant to Sections 7552.3, 7553.2, and 480 of the Business and Professions Code and Section 432.7 of the Labor Code and

will be used to determine eligibility for certification. All information is mandatory and, if not completed, will lead to rejection of the application. When issued, a training facility certificate is valid only when that facility has a bureau certified instructor under its employment.

Plea	ase type or print clearly				
1.	Type of Certification				
	(check only one box)	Firearm Training Facility		Baton Training Facility	
2.	Ownership information - Type of Business Organization				
	☐ Individual ☐ Partnership	Corp	poration		
	_     _		1 1 1	_1 1 1 1	
	Social Security No. (Individual Ownership Only)	T		Ownership Only)	· · · · · · · · · · · · · · · · · · ·
3.	Training Facility Name	4. If Already Certified, Training F	-acility #	5. Telephone No.	
6.	Training Facility Address	City		State	Zip Code
0.	Hairing Facility Address	Oity		·	Zip Gode
7.	Seating Capacity of Classroom		B. Instruction Details		
	Min Max		Location	Days	Times
9.	Size of Practical Exercise Room (Baton Training)		10. Firearm Range		
	Length Width He	eight	Indoor	Outdoor	
11	Firearm Range Name	12. Rangemaster Name		13. Range Telephone No.	
• • •				( )	
14.	Firearm Range Address	City		State	Zip Code
	•				
16.	List the name of each owner, partner, or corporate office corporate officer who will be active in the business. If add Name			hief executive officer, secretary, chi	ef financial officer, and any othe
is to	fe declare under penalty of perjury, under the laws of the Strue and correct, with full knowledge that all statements made NIAL OR SUBSEQUENT REVOCATION OF THIS CERTIFIED.	e in this form are subject to investiga ICATE.	tion and that ANY FALSE OR D	n for Training Facility Certification at DISHONEST ANSWER TO ANY QUE	ESTION MAY BE GROUNDS FO
	Signature	Date	Signature		Date
	Signature	Date	Signature		Date
	Signature	Date	Signature		Date

Signature(s) Required: Individual(s) whose name(s) appear in item number 16 above.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 USCA(c)(2)(C)] authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Per California Civil Code, Section 1798.17 (Information Practices Act), the chief of the bureau is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

31B-4 (Rev. 9/94)

Signature